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Fill	in this information to identify your o	case:							
	otor 1 <u>Maria C. Cia</u>								
	otor 2								
Unit	ted States Bankruptcy Court for the	e: EASTERN DISTRICT	OF PENNSYLVANIA						
-	4:24-bk-11398 own)								
Of	fficial Form 106I				MM / DD/ Y				
	chedule I: Your Inc	ome			,,		12/15		
supp spou	s complete and accurate as pos olying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	i are married and not filli ur spouse is not filing wi On the top of any additi	ng jointly, and your spo ith you, do not include i	ouse is livi informatio	ng with you, incl n about your spo	ude information abo ouse. If more space	out your is needed,		
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing spous	se.		
	If you have more than one job, attach a separate page with information about additional	Employment status	☑ Employed☑ Not employed		☐ Emplo	☐ Employed			
	employers. Include part-time, seasonal, or self-employed work.	Occupation	Food Prep						
	Occupation may include student	Employer's name	SDH Education East LLC						
	or homemaker, if it applies.	Employer's address	915 Meeting Street North Bethesda, MD	20852					
		How long employed there? 9 months							
Par	t 2: Give Details About Mo	nthly Income							
unle: If yo	mate monthly income as of the d ss you are separated. u or your non-filing spouse have m e space, attach a separate sheet to	ore than one employer, co		·	·	•			
					For Debtor 1	For Debtor 2 or non-filing spouse			
2.	List monthly gross wages, sala deductions). If not paid monthly,			2. \$_	2,696.03	\$N/.	<u>A</u>		
3.	Estimate and list monthly over	time pay.		3. +\$_	74.36	+\$N/.	<u>A</u>		
4.	Calculate gross Income. Add li	ne 2 + line 3.		4. \$_	2,770.39	\$ <u>N/A</u>			

Official Form 106I Schedule I: Your Income page 1

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Debtor 1		Maria C. Ciaravino		Case number (if known)		4:24-bk-11398			
				For Debtor 1		For Debtor 2 or non-filing spouse			
C	юр	y line 4 here	4.	\$	2,770.39	\$	9 0	N/A	
5. L	ist	all payroll deductions:							
	a.	Tax, Medicare, and Social Security deductions	5a.	\$	494.80	\$		N/A	
	a. b.	Mandatory contributions for retirement plans	5a. 5b.	φ \$	0.00	φ \$		N/A	
	С.	Voluntary contributions for retirement plans	5c.	\$	27.69	\$ 		N/A	
	d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	
	e.	Insurance	5e.	\$	0.00	\$		N/A	
5	f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	
5	g.	Union dues	5g.	\$	0.00	\$		N/A	
5	h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$		N/A	
6. A	dd	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	522.49	\$		N/A	
7. C	alo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,247.90	\$		N/A	
	i st a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		N/A	
8	b.	Interest and dividends	8b.	\$	0.00	\$		N/A	
8	C.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	
8	d.	Unemployment compensation	8d.	\$	0.00	\$		N/A	
	e.	Social Security	8e.	\$	1,803.00	\$		N/A	
8	f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f.	\$	0.00	\$		N/A	
8	g.	Pension or retirement income	– 8g.	\$	134.92	\$		N/A	
8	h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$		N/A	
9. A	dd	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,937.92	\$		N/A	
		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2	+ \$_		N/A	= \$	4,185.82
Ir o D	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
٧	Vrit	the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies					12.	\$	4,185.82
13.)o <u>y</u>	you expect an increase or decrease within the year after you file this form?	?					monthly	
L D	_ 	No. Yes. Explain: Debtor is seeking additional or higher paying employ	ment						1

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